

Employment Application Form

City of Versailles
196 South Main Street
P.O. Box 625
Versailles, Kentucky 40383

Applicants are considered for employment without regard to race, color, religion, sex, national origin, genetics, ethnicity, age, marital status, veteran status, medical condition, or disability.

Please read acknowledgements (page 3, section 1), then complete application, using typewriter or ink.

| | | | | | | | | |
|----------|-----------------------------|--|--|---|--|---|---|---|
| A | 1 | Name: Last First Middle | | | | Social Security No: | | |
| | Personal Information | 2 | Present Address: Street City State Zip Code | | | | Phone No: () | |
| | | 3 | Permanent Address: Street City State Zip Code | | | | Phone No: () | |
| | | 4 | Emergency Phone No: () | | | | 5 Age (if under 18): | |
| | | 6 | Have you applied for employment or been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give position(s) and date(s): | | | | | |
| B | 1 | Type of Employment Desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> | | | | 2 | Date Available For Work: | |
| | Employment Interest | 3 | What Position Are You Seeking? | | 4 | Minimum Salary Requirement: | 5 | Will you perform Shift work? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | 6 | Can you travel if job requires it? (Please list any restrictions) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | 7 | Are you on layoff or subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | 8 | Does anyone in your immediate family work here? If yes, List Name(s), Relationship(s) and Department(s). Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| C | Educational Record | | EDUCATION | ELEMENTARY | HIGH SCHOOL | COLLEGE UNIVERSITY | GRADUATE/ PROFESSIONAL | |
| | | 1 | NAME & LOCATION OF SCHOOL | | | | | |
| | | 2 | YEARS COMPLETED (CHECK) | 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | |
| | | 3 | DIPLOMA/DEGREE YEAR RECEIVED | | | | | |
| | | 4 | MAJOR FIELD OF STUDY | | | | | |
| | | 5 | Area(s) of Specialized Training: | | 6 | Title of Thesis & Special Research Project(s): | | |
| | | 7 | Honors Received: | | 8 | Vocational or Technical School Attended: | | |
| | | 9 | Special Skill(s) or Certificate(s) Received: | | 10 | Shorthand: YES <input type="checkbox"/> NO <input type="checkbox"/> WPM: | | 11 Typing: YES <input type="checkbox"/> NO <input type="checkbox"/> WPM: |

AN EQUAL OPPORTUNITY EMPLOYER

| | | | | | |
|-------------------------------|-------------------------------|---|---|---------------------------------|--|
| D | | PREVIOUS EMPLOYMENT: Start with your <u>present or last job</u> and list all employment experiences. If additional space is needed, use an extra sheet of paper. | | | |
| Employment Experience | 1 Current Employer | Employer: | Duties: | Dates Employed: FROM TO | |
| | | Address: | | | |
| | | Job Title: | Supervisor: | Hourly Rates: Starting Final | |
| | | Reason for leaving or wanting to leave: | | | |
| | 2 Previous Employer | Employer: | Duties: | Dates Employed: FROM TO | |
| | | Address: | | | |
| | | Job Title: | Supervisor: | Hourly Rates: Starting Final | |
| | | Reason for leaving: | | | |
| | 3 Previous Employer | Employer: | Duties: | Dates Employed: FROM TO | |
| | | Address: | | | |
| | | Job Title: | Supervisor: | Hourly Rates: Starting Final | |
| | | Reason for leaving: | | | |
| | 4 Previous Employer | Employer: | Duties: | Dates Employed: FROM TO | |
| | | Address: | | | |
| | | Job Title: | Supervisor: | Hourly Rates: Starting Final | |
| | | Reason for leaving: | | | |
| | 5 | May we call your present employer now? If not, when may we call? Yes <input type="checkbox"/> No <input type="checkbox"/> Phone: () | | | |
| E | 1 | If a License or Certificate is needed to perform the work in the position applied for, please complete the following: | | | |
| Special Considerations | | Driver's License Number: | Name of Trade or Profession License Number: | | |
| | 2 | List any skills and abilities that you possess that will be helpful in doing the job applied for: | | | |
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|------------------------------------|----------|---|--------------|----------|------------------------|
| F References | 1 | Give the name of two references, do not include relatives or previous employers: | | | |
| | | NAME | RELATIONSHIP | ADDRESS | PHONE NUMBER |
| | | | | | () |
| | | | | | () |
| G Activities | 1 | List offices held in school, civic clubs, or business organizations. You may omit those that indicate sex, race, religion, ethnicity, or national origin: | | | |
| | | | | | |
| | | | | | |
| | 2 | Current hobbies, interests, or favorite recreation: | | | |
| H | 1 | Branch of U.S. Military Service from (month/year) to (month/year): | | 2 | Highest Rank Attained: |
| | | | | | |
| I Additional Information | 3 | Military Occupation Specialty and/or Major Duties: | | | |
| | | This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment. | | | |
| | 4 | Are you a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, month and year active duty completed: | | | |
| | | Additional Comments: | | | |
| | 5 | | | | |
| | | | | | |
| H Court Data | | COURT DATA | | | |
| | | Have you ever been convicted of any felonies? No _____ Yes _____ | | | |
| | | Have you ever been convicted of any misdemeanors? No _____ Yes _____ | | | |
| | | If yes, describe: _____ | | | |
| | | List All Traffic Citations, But Not Parking Tickets: | | | |
| | | Date | City & State | Charge | Disposition |
| | | | | | |
| | | | | | |
| | | | | | |
| | | List All Criminal Arrests: | | | |
| | | Date | City & State | Charge | Disposition |
| | | | | | |

| PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION | | |
|---|----------|--|
| J | 1 | I certify that the answers given herein are true and complete to the best of my knowledge. |
| Acknowledgements | 2 | I authorize investigation of all statements contained in this employment application and additional job-related background I hereby give the City of Versailles the right to make a thorough investigation of my past employment, education and activities and I release from liability all persons, companies, schools, and corporations supplying such information. I indemnify the City of Versailles against any liability which might result from making such investigation. I agree that the City of Versailles may obtain a consumer report or other information regarding me and may consult files of credit reporting agencies for my credit report. |
| | 3 | In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. |
| | 4 | I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract. |
| | 5 | I understand and acknowledge that, unless otherwise defined by law, policies, and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice. |
| | 6 | In the event of employment, I understand that I will be required to successfully complete a drug and alcohol test at initial employment, and that I will be subject to drug and alcohol testing during my employment with the organization. |
| | 7 | I understand that this application is the property of the employer, and will be considered active for six months from the date signed. I understand that this application must be signed and dated before I will receive employment considerations. |
| | 8 | Signature <u>(Please sign - do not type or print):</u> |
| | 9 | Date: |

NOTE: A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.

| FOR PERSONNEL DEPARTMENT USE ONLY | | |
|---|-------------|-----------------------------|
| Position applied for is OPEN: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Position(s) considered for: |
| Application reviewed by: | | Date: |
| Remarks: | | |
| | | |
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| | | |
| Arrange interview: Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, Date: |
| | | Time: |
| Interviewed by (List Participants): | | |
| | | |
| Employed: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Date of Employment: |
| | | |
| Position Title: | Department: | Starting Salary: |